Commonwealth of Pennsylvania - Campaign Finance Report
(Note: This report must be clear and legible. It should be typed)

| Filer Identification: Number | Report Filed By Candida (Mark X) | ite | Committee: | Lobbyist |
|---|---|--------------------------------|--|---------------------------------------|
| Name of Filing Committee, Candidate or Lobbyist | Committee to | Re-Elec | + Brenda Will | iams Nichol |
| Street Address | aas wo cong | aress 5 | treet | |
| Corry | State | PA | lip.Code 16407 | |
| Type of Report (Place x under report type) | | | | |
| 1-6 th Tuesday 2-2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary | 4-6 th Tuesday 5-2 nd Friday Pre-Election Pre-Election | 6-30 Day Post - Election | 7- Annual Special 2 nd Friday Pre-Election | Special 30 Day Post-Election |
| | | | | |
| Date Of Election | Year Year | Amendment : | Termination 7 | |
| (WW/DD/YYYY) 11-7-9017 | SCOOKS ARTER GOS DOS DOS PROPOSANT TABLE NA DOS DO | Report | Report | |
| Summary of Receipts and From Date Expenditures | To Date | | For Office Use Only | |
| A. Amount Brought Forward From Last Report | 7 10-a3-a017 | | | |
| B. Total Monetary Contributions and Receipts | 1,139.09 | | | |
| (From Schedule I) | 350.00 | | | |
| C. Total Funds Available (Sum of Lines A and B) | \$ 1,389.29 | | | |
| D. Total Expenditures (From Schedule III) | \$ 243.68 | | | |
| E. Ending Cash Balance (Subtract Line Difrom Line C) | \$ 1.145.61 | Ī | S | 20 \ |
| F. Value of In:Kind Contributions Received (From Schedule II) | \$ 60.00 | | mm 200 | |
| G. Unpaid Debts and Obligations | \$ 2,368.22 | | 공 증 S | /5 |
| (From Schedule IV) | Affidavit Se | ction | (A) | |
| Part 1- If this is a Committee report, treasurer sign h I swear (or affirm) that this report, including the atta | | | and belief true, correct and comple | ete. |
| Sworn to and subscribed before me this | , , , | . ^ | and belief true, confect and goings | ~: ~> 5 |
| | ONWEALTH OF PENNGYLV NOTARIAL SEAL | Signature of | D Williams Person Submitting report | <u> </u> |
| Cianostato | Angela M. Burtow, Notary Public | AYNDA | D Williams Printed Name | |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Commission Expires Sept. 9, 2018 PENNSYLVANIA ASSOCIATION OF NOT | ARIES | 814-663-73 | 3 <i>4</i> |
| MO. DAY YR. | | Area Code | Daytime Telephone Numb | |
| Part II- If this is a report of a Candidate's Authorized I swear (or affirm) that to the best of my knowledge | Committee, candidate shall sign hand belief this political committee | ere. has not violated anv r | rovisions of the Act of June 3, 1937 | (P.L. 1333, NO.320) as |
| amended. | | | | , |
| Sworn to and subscribed before me this | | BODALANI | Dioning Min | bob |
| day of Ct 20 | - '1 - | Signal Signal | www.marika.v/w | 100 P |
| WYCKICA DOLLUL Signature | 기 | ENERVO! | VIIIAMS VIA | |
| My Commission expires Of Commonwe | ALTH OF PENNSYLVANIA | 84 | 663-8747 | <u> </u> |
| , Angela I | NOTARIAL SEAL | Area Code | Daytime Telephone Numb | er |
| My Commis | of Corry, Erie County | | | · · · · · · · · · · · · · · · · · · · |
| MCMOEN, PENNSYL | VANIA ASSOCIATION OF NOTARIES | | | |

20512 MDJ06-2-04

SCHEDULE I Contributions and Receipts Detailed Summary Page

| - Frier Identification: Number | |
|--|---|
| 1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor | |
| Total for the reporting period (1) | \$ 50.00 + 50.00 [a different donation |
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B) | |
| Contributions Received from Political Committees (Part A) | \$ \bigcirc |
| All Other Contributions (Part B) | \$ 250.00 |
| Total for the reporting period (2) | \$ 250.00 |
| 3. Contributions Over \$250.00 (From Part C and Part D) | |
| Contributions Received from Political Committees (Part C) | \$ 0 |
| All Other Contributions (Part D) | \$ 0 |
| Total for the reporting period (3) | \$ 0 |
| 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) | |
| Total for the reporting period (4) | \$ 0 |
| Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B) | \$ 250.00 |

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

| Filer identification number: | | | | |
|--|--|-----------------|--------------------------|--------|
| | | | | Amount |
| Full Name of Contributing Committee | | | Date [MIN/ADD/ANA) | |
| House # Street Address | | | Date [MM/DD/Any)] 3 | |
| City . | State | Zipicode | Date [VIM/DD/%A4V4] - 9 | |
| Full Name of Contributing. | | | (Date IMM/DD/YYYYA) | |
| House ### Street Address | | | Date [MM/DD/YYYY] | |
| City | State | Z[D]Code | TDates[MIN/ADDX4XXXXIIS | |
| Full Name of Contributing Committee | | | PDate (MM/DD/YY(Y)) 2 s | |
| House## Street/Address | | | *Date [MM//DD/YYYY] S | |
| City | State | Zip)Code | «Date:[MM//DDXX/\/y) | |
| Full Name of Contributing Committee:: House #: Street Address | | | +Date (MM//DD/YYYA); + S | |
| City | State | Zipacode. | | |
| | State 1 | | Date [MM/DD/AYYY] > 3 | |
| Full Name of Contributing Committee | | | Date (MM/DD/YYYY) | |
| House # Street Address | Disa official state of the stat | Was to a second | Date [MM/DD/YYYY] | |
| City | State | Zip.Gode | :Date(MM/DD/AAAA) s | |
| Full Name of Contributing. Committee House # Street Address | | | Date (MM/DD/WAYA) | |
| • | in purcuries | POTREM COLUMN | | |
| ·City | State | Zip Code | Date (MM/DD/YYYY) | |

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

| #Filer (dentification Number) | | | | |
|-------------------------------|------------------------|-------------|------------------------------------|--------|
| | | | | |
| | | | | |
| Full Name of Contributor. Cho | ed J. Vill Labeshor | ushis | Date [MM/DD/YY/Y] \$1 9-18-2017 | 250.00 |
| | | | Date [MM/DD/YYYY]; \$ | |
| City Erie | State PA | ip Code :: | Date [MM/DD/YYYY] S | |
| Full-Name of Contributor | | | Date [MM/DD/YYYY) \$ | |
| House #. Street Address | | | «Date [MM/DD/YYYY] S | |
| City | State - 7 | ip Code Sit | Date [MM//DD//Y////] 35 | |
| Full Name of Contributor. | | | Date [MM//DD//Y/Y/Y) S | |
| House # . Street Address | | | Date([MM/DD/AY(YY)] \$ \$\$) | |
| Gity | State | ip Code | Date [MM/DD/YY/Y] *\$ | |
| Full Name of Contributor | | | *Date*[MM/DD/YYYYY] \$ | |
| House:# Street Address | | | Date [MIVI/DD/YYYY] 25 | |
| (City) | State | ip Code | Date [MM/DD//Y/Y/] \$ | |
| Full Name of Contributor | | | Date [MM/DD/YYYY) \$ | |
| House# Street Address | | | Date [MM/DD/YYYY] \$ | |
| City S | State | ip Code | Date [MM/DD//////] \$ | |
| Full Name of Contributor | | | Date MM/DD/YYYY) \$ | |
| 'House # Street: Address | | | Dates[MM/DD/YYYY) \$ | |
| CEN | State | /in Code | Date [MM/DD/YYYY]: \$ | |

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PART C Contribution's Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

| Filer Identification Number | | | | |
|--|---|--|------------------------|------------|
| | | | | 243004 |
| Full Name of Contributing Committee | | | Date [MM/DD/YYYY] | 5 4 |
| House # Street Address | | | Date [MM/DD/YYYY] | \$ |
| | I WAS AND | District Control of the Control of t | | |
| City? | State | Zip.Code // | Date [MM/DD/YYYY] | \$ |
| Full Name of | Total Control Control | | Date MM/DD/AYYY) | \$!! |
| House # 4 Street Address | | | Date [MM/DD/YYYY] | \$ |
| | | | | |
| City. | State | Zip Code | (Date [MM/DD/YYYY] : 2 | \$; |
| Full Name of Contributing Committee | | | Date [MM/DD/YYYY) | \$ |
| House # Street Address | | | Date [MM/DD//Y/Y/] | 583 \$7 |
| | No. 2 Inc. 2 Inc. 2 | PPANES CHICAGONIANO CHICAGONIANO III | | |
| City. | State | Zip Code | Date MM/DD/YYYY() | |
| Full Name of: Contributing Committee | , , , , , , | | Date [MM/DD/A/(A/V) | \$. |
| House#: Street Address | | | Date [MM//db//////] | \$1 |
| Clty | State | Zip Code | *Date [MM//DD//YYYY] | \$ |
| Full Name of Contributing Committee | (1995) Secretario Secretario (1995) | SANDARY SECTION (A ANNOUNCE OF CA) | Date [MM/DDXYYYY] | \$ |
| House # Street Address | | | Date:[MM/DD/AYYY] | \$. 1. |
| City | State | Zip Code m | Date [MW/DD/YY/Y/] | \$ |
| Full Name of Sommittee Contributing Committee | | | Date [MM//DD////Y/] | S is |
| House # Street Address | | | Date [MM/DD/YYYY] | \$ |
| City | (State) | Zip Gode | Date [MM/DD/M/M/) | \$1 |

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PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

| Filer Identification Numbers | | 1 | | |
|--|--|---|--------------------------|---|
| Full Name of Contributor | | | Date [MM/DD/YYYY] | |
| | | | | |
| House # Stre | et Address | | aDate [MM/DD/YYYY] \$ | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Employer Name | | | Occupation* | |
| Employer Mailing Address Principal Place of Business | | | | |
| Full:Name of Contributor | | | Date [MM/DD/YYWY] S | |
| House # Stre | et Address | | \Date[MM/DD/YYYY]\\ s | |
| City | State | Zip Code (1) | Date[MM/DD/YYYY] \$ | |
| Employer Name 4 | | | Occupation | |
| Employer Mailing Address Principal Place of Business | | | | |
| Full Name of Contributor | | | Date [MM//DD/YYYY)] | |
| House# | et Address | | Date [MM//DD///(Y/Y)] S. | |
| City | State | Zip Code. | Date [MM/DD/YYYV] 45 % | |
| Employer Name | | (多人)(海洋地方)至在日本地方代表可能 | Occupation | |
| Employer Mailing Address Rrincipal Place, of Business | 15 (15) | | | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] S | |
| House# Stre | et Address | | Date [MM//DD/Y/Y/Y/], Sw | |
| City | State | Zip Code | Date (MM/DD/AYYYY) | |
| Employer Name | 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18 | | Occupation . | |
| Employer Mailing Address Principal Place of Business | | | | _ |

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PART E Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

| Filer Identification Numbers | | | | |
|------------------------------|-----------------|-------|--|---------------------------------------|
| Full Name | | | | · · · · · · · · · · · · · · · · · · · |
| | et Address | | | |
| City | Ec Address L | State | 27.1. C. | Date [MM/DD/YYYY] [\$ |
| | | Julia | Zip - Gode | Batte Intitio De Cara, 1 |
| Receipt Description: 42 | | | | |
| Full Name | | | | |
| House #/ Stre | et Address | | | |
| City | | State | Zip Code | &Date/[MM/DD/Y/(Y/] \$ |
| Receipt. Description | | | Gode | |
| The supplication of the same | | | | |
| Full Name | | | | |
| House # Stre | et Address | State | 7/17 | Date:[MM/DD/YYYY] \$ |
| City | | Jale | Zip Code | Date (WIND DATITELES 20) |
| Receipt Description: | | | | |
| Full Name | | | | |
| | et Address | | | |
| City/ | | State | Zp | Date [MM/DD/YYYY] \$ |
| | | | 7(p Gode : | Date [MM/DD/YYYYY] \$ |
| Receipt Description | | | | |
| Full Name . | | | | |
| | et Addréss | | | |
| City 7 | | State | Zip Code | S Date (MM/DD/YYYY) \$ |
| Receipt Description | | | | 8. 22 |
| Full Name | | _;; | . | |
| | et Address | | | |
| City Single | | State | I Ziố | Date [MM/DD/YYYY] \\$ |
| | | | Zip. Gode. | Date [MM/DD//YYYY] \$: |
| Receipt Description | | | | |

SCHEDULE II

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IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

| Filer Identification Number | | | |
|---|-----------------------|-------------------|--|
| .1: UNITEMIZED IN KIND CONTRIE | BUTTONS/RECEIVED AVAI | LUE OF \$50.00.OR | LESS PER CONTRIBUTOR |
| TOTAL for the reporting period | (1) | \$ | O [cardidatohad \$40 and \$40-2 sepando] |
| 2. INKIND CONTRIBUTIONS RECE | IVED-VALUE OF \$50.0 | 1FO \$250.00 (FRG | MIPART F) |
| TOTAL for the reporting period | (2) | \$ | 0 |
| 3.2 AIN-KIND CONTRIBUTION RECE | VED-VALUE OVER \$250 | Di00/(FROM PART) | |
| TOTAL for the reporting period | (3) | \$ | |
| TOTAL VALUE OF IN-KIND CONTRIBUTIO | NS DURING THIS REPO | RTING IS I | |
| PERIOD (Add and enter amount totals fr on Page 1, Report Cover Page, Item F) | | | 60. [∞] |

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SCHEDULE II Part f

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

| Filer Identification Number, | |
|------------------------------|----------------------------|
| | |
| Full Name of Contributor | Date [MM/DD/YYYY)] (3) |
| House # Street Address | Date [MM/DD/YYYY)] So |
| City State Zip Co | de Date [MM/DD//////) 25% |
| Description of Contribution: | |
| Füll Name of Contributor | Date (MM/DD/YYYY) |
| House # Street Address | Date [MM/DD/YY/Y/]* \$8 |
| Citý State Zipico | des (Date [MM/DD/YYYY] \$ |
| Description of Contribution | |
| Full:Name of Contributor | Date [MM/DD/YYYY] |
| House # Street Address | Date [MM/DD/YYYY][\$ |
| City State Zip Co | de * Date [MM/DD/YY/Y/] \$ |
| | |
| Full Name of Contributor | Date [MM/DD/YYYY/]; \$ |
| House:# Street Address | *Date [MM/DD/YYYY] \$ |
| City State Zip Co | de Date [MM/DD/YY///[6] SS |
| Description of Contribution | |
| Full Name of Contributor | Date [MM/DD/YYW] \$ |
| House # Street Address | Date [MM/DD/YY/Y/]; \$\$ |
| City States Zip Co | de Date[MM/DD/YY/Y] \$5 |
| Description of Contribution | |

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

| Filer Identification Number: | | | |
|--|----------|-----------|--------------------------------------|
| 是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就 | | | |
| Full Name of Contributor | | | Date [MM/DD/AYYX] \$ \$ |
| House # Street A | odress | | Date [MM/DD//YYY] \$ |
| .Ciby. | State | Zip.Code | Date [MW/DD/YYYY] \$ |
| Employer Name | | | Occupation . |
| Employer Mailing Address / Pr Place of Business | incipal | | Description *** of Contributions |
| Full Name of Contributor | | | Date [MM/DD//Y///II-S T |
| House # Street A | | | **Pate (MM/DD/YYYY) ** \$ |
| City. | State | Zip Code) | Date [MM/DD/YYYY] |
| Employer Name | | | Occupation. |
| Employer Mailing Address / Rr Place of Business | incipal | | Description of Contribution |
| Full Name of Contributor | | | FDate (MM/DD/MYYY) |
| House# Street Al | | | SDate [MM/DD///YYY] \$; |
| City, | State | Zip Code: | Date [MM/DD/YY(YY]] \$ |
| Employer Name | | | (Occupation) |
| Employer Mailing Address // Pr Place of Business | [ncipal | | Description (of) Contribution |
| Full Name of Contributor | | | SDate [MM/DD/YYYY] \$ |
| House # Street A | ddress | | NDate [MM//DD/YY/Y/]) S |
| City | State | Zip Code | *Dates[MM/DD/Y/YYY]) |
| *Employer Name * | | | (Occupation) |
| Employer Mailing Address / Pr Place of Business | rincipal | | Descriptions of a Contribution |

Statement of Expenditures

Filer Identification Number

| | To Whom Paid | *Date [MM/DD/YYYY]# \$\$ | _ |
|-----|--|--|--|
| × | Staples House # 1024 Street Address V CHANGE TO DE 10 | 9/9/2017 26-49 Description of Expenditure | |
| | reystory Live | | |
| | ETE PA COOL 10509 | Business Cands | |
| 井 | To-Whom Paid No Staples | Date [MM/DD/YYYY] 5 26.49 | |
| | House# 1924 Street Address Keystone Drive | Description/of/Expenditure | |
| | City Eric State PA Code 16509 | Business Cands | SERVICE SERVIC |
| # | To Whom Paid Staples | Date [MM/DD/YYYY] \$ 36.49 | |
| * | House # 1924 Street Address Kenstone Drive | Description of Expenditure 15 | |
| | Gity Erie PA Code 16509 | Businesslands | 뫮 |
| يلا | To Whom Paid Walmant/Sams(lub) | Date [MM/DD/YYYY] \$ | |
| # | THOUGH CONTROL OF THE | Description of Expenditure | |
| | Taco street City Frie State PA Code 16509 | candy for parades | |
| | Pow/hom Paid | | _ |
| * | House # 1000 Street Address Valle Land Doc 120 | 9-14-2017 31.93 Description of Experditure | |
| | 1900 LEUSTONE DITUE | | |
| | Fre PA (code 1/6309) | Sparatimm/poyayayass | _ |
| | | | |
| | | Description of Expenditure | |
| | | | |
| | :To Whom Paid | Date (MM/DD/YYYY) \$ | |
| | House# Street Address | Description of Expenditure | |
| | City. State. Zip. Codes | | |
| | To Whom Paid | Date [MM/DD/YYYYY] \$ | |
| | House # Street Address | Description of Expenditure : | |
| | City State Zip Code | | 郵 |
| | House # Street Address City State Zip Code To Whom Paid House # Street Address City State Zip Code To Whom Paid Street Address Street Address State Zip Codes | Date [MM/DD/YYYY] 3. | |

#-paid by Lynda D. Williams #-paid by candidate as a loan to the committee

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

| Filer Identification Number | |
|--|--|
| Name of Creditor | Lynda D Williams Outstanding Balance of Debt |
| House # Stree | et Address W CONGRESS ST DATE DEBT INCURRED \$1 IMMINIDIA YYYYIS A LO L 2017 |
| City | Corry State PA 2017 26-49 |
| Description of Debt | Business Cands |
| Name of Greditor :: House # Stree | Brenda COINTAMS WICHOLS Outstanding Balance of Debt 3 |
| 996 | N Center St 1MM/DD/XYYY) 2/ 49 |
| Gity. | Corry State A Code 16407 2601 |
| Description of Debt | BusinessCands |
| Name of Creditor ** House # Stree | Brenda Williams Nichols Outstanding Balance of Debt Set Address DATE DEBT INCURRED S |
| 996 | N Center St 9/26/2017 26.49 |
| City: 27 Sec. | COTTY PA Gode 1107 |
| Description of Debt Name of Creditor | Business Cands Branda Williams Alichak Gutstanding Balance of Debta |
| House# Stree | eet Address DATE DEBISINGURRED \$ |
| 996 | N Center St 9/14/2017 132-28 |
| Description of Debt | (Orry FTT code 1690 18 |
| Name of Creditor | Brenda Williams Nichols Outstanding Balance of Debt. |
| 1 ACCESS 1992 AND AND ADDRESS 1 1 ACCESS 1993 AND ADDRESS 1 ACCESS 1 A | Set Address A) Control Gt [MM/DD/YYYY] |
| * 996 | State On Zill 11 4 5 7 7 |
| Description of Debt | candy for panades / balbons/minifortballs |
| Name of Creditor | Outstanding Balance of Debt |
| House # Stre | DATE DEBT INCURRED \$ [MM/DD/YYYY] |
| City: | State // //Zip |
| (Description of Debt | ©Códe |